PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

lion or Docket Number

CLAIMS AS	(Column 1)		mn 2)		SMALL EN		OR.	OTHER SMALL E	
TOTAL CLAIMS	Column	We sales		[RATE	FEE	9	RATE	FEE.
FOR	NUMBER FIL		ER EXTRA	Ì	BASIC FEE	370.00	OR	BASIC FEE	790.00
TOTAL CHARGEABLE CLAIMS	// minus				X\$ 9=		OR	X\$18=	
	<u> </u>	is 3 = *			X42=		OR	. X84:: '	
MULTIPLE DEPENDENT CLAIM P					, , , , ,		UN		
				!	+140=		OR	+280=	
* If the difference in column 1 is	less than zero	o, enter "0" in (column 2		TOTAL	: 	OR	TOTAL	770,00
CLAIMS AS A	MENDED -	PART II (Column 2)_	(Çolumn 3)	,	SMALL	ENTITY	OB.	OTHER SMALL I	
(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
Total *	Minus	-M-A'	=		X\$ 9=		OR:	X818=	
AFTER AMENDMENT Total * Independent *	Minus	***	· =		X42=		OR	X84=	
FIRST PRESENTATION OF M	ULTIPLE DEPE	NDENT CLAIM	1		+140=		OR.	+280=	
,		,			TOTAL			TOTAL	
			(Caluma 2)	`	ADDIT, FEE	L	1011	ADDIT, FEE	
(Column 1) m CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT Total	Minus	**	=		X\$ 9=		OR	X\$18=	
Total ** Independent ** Total ** Independent **	Minus	****	=		X42=		OR	X84=	
FIRST PRESENTATION OF M	NULTIPLE DEPL	ENDENT CLAIN	Λ	ل	+140=		OR	+280=	
					TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	
(Oatimon 4)	•	· (Column 2)	(Column 3	3) .	χισοι ==				
(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Minus	AAN POR	. =		X\$ 9=		OR	X\$18=	
Total * Independent * Independent *	Mlnus [#]	At Acts	2:		X42=		OR	X84=	
FIRST PRESENTATION OF I	MULTIPLE DEP	ENDENT CLAI	м]	+140=		OF	300	
4 state entry jo collimn it is less than	the entry in colu	nn 2. write "0" in	column 3.		TOTAL		OR	Al'OT	<u> </u>
** If the entry is ocioning it is too that ** If the "Highest Murnber Previously ***If the "Highest Murnber Previously I The "Highest Murnber Previously I	Daid EAC IN 19419	S SPACE is less t	han 20, enter 4	20." .' aber 1	ADDIT FEE		. ,-l	, (()	
The "High ចុំនូវ៉ី Number Previously I	Paid For" (Total or	indebeudent) is	me mynest mm			amark Office	US.D	EPARTMENT	OF COMMERC
FORM PTO 0/08 2 (Rev. 0/01)		ទុំសេន cuso	-hour and and compare	- 1	a _{tran} t and Had	entrum same			1

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	CLAIMS A	S FILED - PA	RTI		SMALLEN			OTHER	
		(Column 1)	(Colun	nn 2)	TYPE [OR'	SMALL E	
TOT	AL CLAIMS				RATE	FEE	-	RATE	FEE
FOR		NUMBER FILE	D NOWRE	R EXTRA	BASIC FEE	370.00	OR B	ASIC FEE	7 5 0.00
TOT	AL CHARGEABLE CLAIMS	40 minus	20= *		X\$ 9=		OR	X\$18=	
INDE	PENDENT CLAIMS	3 minus	3 = *		X42=		OR	X84=	
MUL	TIPLE DEPENDENT CLAIM F	RESENT			+140=		OR	+280=	
* If 1	ne difference in column 1 is	tess than zero,	enter "0" in c	olumn 2	TOTAL		OR	TOTAL	750.00
	CLAIMS AS				SMALL I	- 117177	OB	OTHER SMALL	
	(Column 1)		(Column 2)	(Column 3)	SMALL		i n		
NTA	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	AMENDMENT Total *	Minus *		=	X\$ 9=		OR	X\$18=	
MEN	Independent *	1,1,1,2,0	r*#	. 52	X42=		OR	X84=	
	FIRST PRESENTATION OF I	MULTIPLE DEPEN	NDENT CLAIM		+140=		OR	+280=	
				نعو	TOTAL	 	OR"	TOTAL ADDIT, FEE	
1			43		ADDIT, FEE	L	10,,,	ADDIT, I-EE	
1	(Column 1)	_	(Column 2)	(Column 3)			- 1		
NT B	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total *		**	=	X\$ 9=		OΒ	X\$18=	
AMENDMENT	Independent *	1	***	=	X42=		OR	X84=	<u> </u>
	FIRST PRESENTATION OF	MULTIPLE DEPE	NDENT CLAIV		+140=		OR	4·280=	
					TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	<u> </u>
1			(O-1: 0)	(Column 3)					
جــبر	(Column 1		· (Column 2) HIGHEST	(Column o)	l	ADDI-	٦		ADDI-
O F	RÉMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total *	Minus	**	=	X\$ 9=		OR	XS18=	
WENT THE	Independent *	Minus "	***	2:	X42=		OR	X84=	
∥₹	FIRST PRESENTATION OF	MULTIPLE DEPE	ENDENT CLAI	м 🗍]		_	+280=	İ
1	A CONTRACT OF THE STATE OF THE		· . ·		+140=		OR	TOT/	
سا	If the entry in column 1 is less that	lv Paid For" IN THIS	SPACE IS ICSS I	USU 50' BUILDI ED	TOTA ADDIT FEI	E 	OR	ADDIT. FE	E L
**	In the "Highest Number Previous The "Highest Number Previoush	ly Pald For" IN THIS Paid For" (Total or	SSPACE is less t Independent) is	lhan 3, enter "3." Ihe highest numb	er tound in the	appropriate	ox In o	olumn 1.	
	The Highest Number Frevious	the min of the second			D. cont. and Tra	demark Office	US.D	EPARTMENT	ог сомисяс
1	Constitution that the second of the second o	1000			is the 4 that the				

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		CLAIMS AS			ì		5	SMALL EN	ITITY		OTHER	THAN
(Column 1)		(Colu	mn 2)]	TYPE		OR	SMALL	ENTITY			
TC	TAL CLAIMS		W19		. 0	,		RATE	FEE		RATE	FEE
FOR NUMBER FILED			NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00		
то	TAL CHARGEA	BLE CLAIMS	:19 mi	nus 20=	. 59			X\$ 9=		OR	X\$18=	1052-00
IND	EPENDENT CL	AIMS	m (Lip)	inus 3 =	11			X40=		OR	X80=	880 ú
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	230
* If	the difference	in column 1 is	less than z	ero, ente	r "0" in c	olumn 2		TOTAL		OR		3832-0i
	С	LAIMS AS A	MENDE) - PAR	T II					1	OTHER	
		(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
ENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	addi- Tional Fee
AMENDMENT	Total	. 63	Minus	7	9	=		X\$ 9=		OR	X\$18=	
AME	Independent	. 3	Minus	*** /	9			X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		<u>ا</u> ا	+135=		OR	+270=	1
							L	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 21	(Column 3)		ADDIT, FEE		,	ADDIT. FEE	
		CLAIMS		HIGH	IEST		1 г	ĭ	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	┨╏	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		J	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		WUII. FEE		•	ADDII, FEEI	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X40=			X80=	
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM] }	740=		OR	700=	
• 1	f the entry in selec	mn 1 is less than t	ha aata: in c-!	umn O weit	o "O" io o-l	lumo 3		+135=		OR	+270=	
••	If the "Highest Nu	mn 1 is less than ti mber Previously Parents Proviously P	aid For" IN TH	IS SPACE	is less tha	n 20, enter "20.	." A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												